

MFR-43 (Rev. 8/04)
Application for Refund
Non-Highway Use of Taxable
Clear Diesel Fuel



Mailing Address
Georgia Department of Revenue
Motor Fuel Tax Unit
Refund Section
1800 Century Center Blvd NE
Suite 8223
Atlanta, GA 30345-3205

FEIN: _____

SSN: _____

Period Covered: From: _____ To: _____

Claim may be filed for the 7 ½ cents per gallon excise tax on the non-highway use of taxable clear diesel fuel. Refund claim must be filed within 18 months of the taxable clear diesel purchase.

1. Name of Applicant (Name In Which Clear Diesel Was Purchased):

2. Doing Business As (dba):

3. Location Address:

4. Mailing Address:

5. City State Zip

6. Quantity of Clear Diesel Fuel Purchased During Period:
(Total of Invoices Listed on Reverse Side)

7. Plus Bulk Clear Diesel Fuel Inventory Brought Forward From Previous Claim:

8. Less: Quantity of Clear Diesel on Hand at End of Period: (_____)

9. Less: Quantity of Clear Diesel Used On-Highway (_____)

10. Total Clear Diesel Fuel Gallons on Which Refund is Claimed:
(Add Lines 6 & 7 and subtract Lines 8 & 9 = Line 10)

State Of Georgia: (county) _____

_____ personally appeared before me who, being by me first duly sworn
(Claimant)

deposes and says under oath that he/she is applying for the refund of off-highway use of clear diesel fuel in the State of Georgia and is true and correct that all of the above stated clear diesel fuel was used for non-highway purposes.

Reason clear diesel used off-highway?

Claimant (Print Name): _____

Signature of Claimant: _____

Title of Claimant: _____

Date of Claim: _____

Contact Phone Number: _____

DO NOT USE THIS SPACE
Approved Gallons @ 7 ½ cents

Tax Examiner

INSTRUCTIONS

List below all clear diesel fuel purchase invoice information for the period covered by this claim. The beginning and ending bulk clear diesel fuel inventory must be reported in order to process this claim. All information contained in this clear diesel fuel refund claim form is subject to audit by the Georgia Department of Revenue. Supporting records must be maintained 3 years from the date the clear diesel fuel refund claim was submitted.

Supplier Information (Clear Diesel Only):

Name of Supplier	Street Address	City	State
1.			
2.			
3.			
4.			

Clear Diesel Fuel Purchase Information: (Purchases must be 25 gallons or more and copies of Billing Invoices must be attached.)

Date	Invoice No.	Gallons		Date	Invoice No.	Gallons

Non-Licensed Equipment Used Off-Highway(Clear Diesel Fuel Only):

Type	Serial No.	Year		Type	Serial No.	Year

If additional space is needed attach a supplemental listing.